

vs Wmith WN

af CJohnson

**MEDICATION
ADMINISTRATION RECORD**

The logo for NaphCare, featuring the brand name in a stylized, italicized font with a registered trademark symbol (®) to the right.

1601 HALOPERIDOL TAB 100 MG

96/04/02

TAKE 1 TABLET BY MOUTH AT
BEDTIME FOR 90 DAYS

Stop: 06/04/03

344633 LITHIUM CARB. 300MG TAB

06/04/02

TAKE 2 CAPSULES BY MOUTH AT
BEDTIME FOR 30 DAYS

2001-06/04/03

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

3.3.1/300-000

EDICATION NOTES

P-187142-PC

100

Complete Entries Checked

Bv

W. H. Hager

241

Title:

Date: 1/12/2012

卷之三

11/27/02 M. Miller Jackson 602

11/27/02 H. Smith LPN
Haldon 22

11/27/02 C. Johnson
Haldon 22

11/27/02 R. H. Smith 6002
11/27/02 Haldon 22

11/27/02 No show fill call

11/27/02
11/27/02

Case 2:05-cv-00439-W
**MEDICATION
ADMINISTRATION RECORD**



344631 HALOPERIDOL TAB 25MG

26.04.2015

TAKE 1 TABLET BY MOUTH AT
BEDTIME FOR 90 DAYS

Page 66/04/03

844633 LITHIUM CARB. 300MG CAR

06/04/02

TAKE 2 CAPSULES BY MOUTH AT

BEDTIME FOR 90 DAYS

Step 1: 06/04/03

The image consists of four distinct horizontal bands of high-contrast, black-and-white patterns. Each band contains approximately 20-25 small, rectangular elements arranged in a grid. The patterns are mostly white on a black background, with some variations in shading and size. The overall effect is reminiscent of a barcode or a series of binary code patterns. The bands are separated by white space, and the entire image is set against a dark background.

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

212

印(1987145-1)

Complete Entries Checked

B3

W. Rogers

2

Date: 9/3/02

卷之三

MS Martha Jackson LM

VS V. Smith LPN

of C Johnson LPN



Ruthie Bent

846137 FLUPHENAZINE DEC 25MG/ML

06/06/02

INJECT 1ML=25MG EVERY 2 WEEKS

FOR 90 DAYS

Stop: 09/04/02

846139 TRIHEXYPHENIDYL HCL TAB

2MG 06/06/02

TAKE 1 TABLET BY MOUTH AT 11AM

1/100 AAA AAA

FOR 90 DAYS

Stop: 09/04/02

846620 LITHIUM CARB. 300MG CAP

06/07/02

TAKE 3 CAPSULES AT BEDTIME FOR 1700 *PRARA*

90 DAYS

Stop: 09/05/02

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

DISPENSING FOR

06/01/02

09/30/02

Physician

Alt. Physician

Allergies ANA

187140-BC

Diagnoses

Complete Entries Checked

By:

Hagens

Title:

pn

Date:

8/31/02

PATIENT

BRIGHT, RICHARD

187140

BCCF

M Martha Gordon vs V Smith IPN of Johnson

U.S. vs. V. Johnson
vs. V. Johnson
J. C. Johnson

VS Vilmuth, IPN

Mr. K. Taylor, Jr.
P.O. Box 10000
1000 18th Street, N.W.
Washington, D.C. 20036-1000

VS V. Smith UPN

15 *Kayla, wa*
of C. Johnson

MEDICATION

ADMINISTRATION RECORD



946137 FLUPHENAZINE DEC 2005/06 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

INJECT 1ML=25MG EVERY 8 WEEKS 0700
FOR 90 DAYS
Stop: 09/04/06

Rae

15
P

946138 TETRXYLPHENIDYL HCl TAB

600 06/06/02
TAKE 1 TABLET BY MOUTH AT 11AM
FOR 90 DAYS
Stop: 09/04/06

946139 BUTYLPHENYL CARB. TABS CAP

600 06/07/02
TAKE 2 CAPSULES AT BEDTIME FOR 1700
90 DAYS
Stop: 09/05/06

1100 06/07/02
TAKE 1 TAB & 100 & 15
x 90 days

Stop 9-12-02 DS

1100 06/07/02
TAKE 1 TAB & 100 & 15
x 90 days

1100 06/07/02
TAKE 1 TAB & 100 & 15
x 90 days

1100 06/07/02
TAKE 1 TAB & 100 & 15
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x 90 days

1100 06/07/02
TAKE 1 TAB & 100 & 15
x 90 days

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

Telephone No.

At Telephone

Rehabilitation

Attentia

Inmate No.

187140-BC

NRA

Complete Entries Checked

By:

Stegers

Title:

PN

Date:

0/27/06

PATIENT CODE

187140

ROOM NO.

BED

FACILITY CODE

Bullock

Re ~~MS~~ ~~all counts, for~~
~~MS Martha Jackson in~~

VS V. Smith LPN
G C. Jackson LPN

115 ~~Probationary~~
PS Probationary

7/4/02 8:00 Prolypini Dec 25 mg for No show

**MEDICATION
ADMINISTRATION RECORD**

MEDICATIONS

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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Haldol 2mg stat P.O.
Mr. Sanders

6/3/02

Lithium 600 mg stat P.O.
Mr. Sanders

6/3/02

Haldol 2mg HS x 90 days
Mr. Sanders

6/3/02

Lithium 600 mg NS x 90 days
Mr. Sanders

6/3/02

Prolixin Dec. 25mg Tab x 90 days
x 90 days

6/6/02

Artane 2mg P.O. 8 AM
x 90 days

6/6/02

Lithium 900mg HS
x 90 days

stop 9-7-02

Haldol 4mg PO
HS x 90 days

6/12/02 9/12/02 Sanders

1030am → PM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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1030am → PM

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1100 → PREPARE FOR Dose Increase

1100 → PREPARE

1100 → PREPARE

Chart 6/7/02

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1100 → PREPARE

MEDICATIONS

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR

THROUGH

Physician Mr. Sanders

Alt. Physician

Telephone No.

Inmate No.

Alt. Telephone

Inmate No.

Rehabilitative Potential

Diagnosis NCDP

Medicaid Number

Medicare Number

Complete Entries Checked

By:

Title:

Date:

PATIENT

1100

PATIENT CODE

ROOM NO.

BED

FACILITY CO

Case 2:05-cv-00439-WHA Document 139-9 Filed 03/06/2006 Page 19 of 47

17. Chapman Jr.

18 *Valgrise spectabilis*

VS V. Smith 7/20/2011

KT Taylor (P)
CB completely - Jan

URSE'S EDICATION NOTES

**PATCH SITE/
INJECTION SITE
CODES:**

1 - RIGHT DORSAL GLUTEUS 4 - LEFT VENTRAL GLUTEUS 7 - RIGHT DELTOID 10 - LEFT UPPER ARM 13 - UPPER BACK LEFT 15 - UPPER CHEST LEFT
2 - LEFT DORSAL GLUTEUS 5 - RIGHT LATERAL THIGH 8 - LEFT DELTOID 11 - RIGHT ANTERIOR THIGH 14 - UPPER BACK RIGHT 16 - UPPER CHEST RIGHT
3 - RIGHT VENTRAL GLUTEUS 6 - LEFT LATERAL THIGH 9 - RIGHT UPPER ARM 12 - LEFT ANTERIOR THIGH

NaphCare

Kee

MEDICATIONS

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Fluphenazine Dec 25mg
12.5mg = 0.5mL Im
6 2wks for addy

Sertropine 2mg tabs
take 1 tablet by
mouth bid
11/23/09 10/21/10

Sicor 50mg qn s
190days

30/09 10/28/10

MEDICATIONS

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

12/01

THROUGH 12/01

Telephone Number

Inmate No.

Alt. Telephone

187140+

Rehabilitative

Potential

75

Medicare Number

Complete Entries Checked

By:

m r m s

R. Clark
mt, Richard

PATIENT CODE 187140	ROOM NO.	BED	Facility Code R115
Date: 11/30/10			

MEDICATION
ADMINISTRATION RECORD

NaphCare

MEDICATIONS

HOUR | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |

Flyphenantazine Dec 25mg/ml
12.5mg = 0.5mL Im
8.2 wks for 90
days

Benztropine 2mg tab
Take 1 tablet
by mouth bid
7/23/01 10/21/01

Elavil 50mg 8ns
x 90 days
7/30/01 10/28/01

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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Re: R. Hanes Jr.
u/s MDRW

MEDICATION
ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Elavil 50mg po/hs x 90 days 7/27 → 10/27/01 Sanders	5pm																															
Cogentin 2mg PO BID x 90 days 7-20-01 - 10-26-01 Sanders	1100																															
frolizixin Dec. 12.5mg q2wly x 90 days 7/20 → 10/20/01 Sanders	1700																															
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11																				

3.05-cv-00430-WHA-GSC **D**

- a. Platinum and corporate box when medication is given.
- b. Circle initial when medication refused.
- c. State reason for refusal on nurse's notes.
- d. PRN Med: Reason given and results should be noted on Nurse's Medication Notes.

CHARTING: A-Charted in error.
CODES: B-Patient refused.
C-Patient out of facility.
D-Drug not given. Indicate reason
in Nurse's Medication Notes.

6/2006 Page 2
E-See Nurse's Medication Notes.
F-Patient did not retain medication.
G-Effective.

6 of 41

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICESPSYCHOTROPIC MEDICATION CONSENT: ANTIPSYCHOTICS

I agree to treatment with the following medication(s) in the dosage range(s) noted and as recommended to me by the psychiatrist:

Provigil Dec 12.5 - 25.0 mg
Imipramine 100 mg
Cytral 25 mg bid

I have been made aware that the benefits of taking the medication(s) may be:

- Improved thinking, emotion and general functioning
- Hearing voices may stop or be reduced

I have been made aware that possible side effects of taking the medication(s) may be:

Difficult urination	Muscle spasms
Eye problems	Restlessness
Excitement	Shuffling walk
Trembling and shaking of hands and fingers	Skin rash
Yellowing of eyes and skin	Sore throat and fevers
Fine, worm-like movements of the tongue	Fainting
Sensitivity to the sun	

There is also the risk of tardive dyskinesia which may cause involuntary tic-like movements in the face, tongue, neck, arms, and/or legs. In some cases, tardive dyskinesia may be irreversible or permanent.

I voluntarily agree to take the medication(s) listed above as prescribed by the psychiatrist. I understand that this permission may be revoked at my discretion. I have had an opportunity to ask any questions that I wished to ask. I have been made aware of alternative treatments.

INMATE SIGNATURE: _____ DATE: _____

PSYCHIATRIST SIGNATURE: _____ DATE: _____

I have been advised to take the medication(s) listed above but I am unwilling to take the medication(s) as recommended. The possible consequences of not taking the medication have been explained to me.

INMATE SIGNATURE: Richard Wright DATE: 9/15/01

PSYCHIATRIST SIGNATURE: John DATE: 9/19/01

Inmate Name <u>Wright, Richard</u>	AIS # <u>187140</u>
---------------------------------------	------------------------

Release of Responsibility

Wright, Richard

Name of Inmate

9/07/01

Date

187140 8-15-67

Inmate ID Number/Date of Birth

I hereby refuse to accept the following treatment / recommendations:

Prolixin Dec 12.5mg IM q2wks

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

X Richard W Wright

Inmate Signature

B. Schenck PA

Witness

X 9/07/01 11:15am

Date / Time

The aforementioned inmate has refused the listed medical treatment(s)/recommendation(s) and has refused to sign this form.

Witness

Date / Time

Witness

Release of Responsibility

**MEDICATION
ADMINISTRATION RECORD**



NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

HARTING FOR 7-1-06

THROUGH 7-31-61

Telephone No.

Inmate No

Alt. Telephone

Rehabilitative Potential

dicaid Nuppe

Medicare Number

Complete Entries Checklist

3

ENT Michael P. Johnson

Title: **PATIENT CODE**

1 ROOM NO.

Date: _____

BED **FACILITY CODE**

INSTRUCTIONS: a. Put initial in appropriate box when medication given.
b. Circle initial when medication refused.
c. State reason for refusal on nurse's notes.
d. PRN Med: Reason given and results should be noted on Nurse's Medication Notes.

CHARTING: A-Charted in error.
CODES: B-Patient refused.
C-Patient out of facility.
D-Drug not given. Indicate reason
in Nurse's Medication Notes.

E-See Nurse's Medication Notes. H- ineffective
F-Patient did not retain medication. I-Hospital
G-Effective J-Leave of absence.

M R. M. R. L. G. N.
111 6/14-19 1973

NURSE'S MEDICATION NOTES

**PATCH SITE/
INJECTION SITE
CODES:**

- 1 - RIGHT DORSAL GLUTEUS
- 2 - LEFT DORSAL GLUTEUS
- 3 - RIGHT VENTRAL GLUTEUS

- 4 - LEFT VENTRAL GLUTEUS
- 5 - RIGHT LATERAL THIGH
- 6 - LEFT LATERAL THIGH

7 - RIGHT DELTOID 10
8 - LEFT DELTOID 11
9 - RIGHT UPPER ARM 12

LEFT UPPER ARM
RIGHT ANTERIOR THIGH
LEFT ANTERIOR THIGH

13 - UPPER BACK LEFT
14 - UPPER BACK RIGHT

15 - UPPER CHEST LE
16 - UPPER CHEST RI

MEDICATION ADMINISTRATION RECORD

12-15-99

Benzoyl peroxide 10%
X30 D

01-15-99

L
PX given 2/17/99
MM 1/15-99

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

12-01-99
DR. Agarwal

12-31-99

NKA

Vishal Richard

Complete Entries Checked

By Mary Alain

Title LP

187147

Date 12-15-99

Draze

n Rmays Rn
R I Range Rn

MS Mary A. Dan L
In Silicin Sd

MEDICATION ADMINISTRATION RECORD

AF cream BID x 14 days

Kop

given 9/9
9/14/99

9/3/99 - 9/14/99

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

9/11/99
Agarwal

NKDA

9/30/99

Complete Entries Checked:

By:

286

Title: LPN

Date: 9/30/99

BED FACIL

11-22 Richard

187140

D

7 E. J. Gonzalez

28 days upon

ca

cc

MEDICATION ADMINISTRATION RECORD

AC cr 1% to skin
x 20 caps
5/27 → 6/6/99 Soddy BC

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

May 01, 1999

May 31, 1999

18740-BC

Complete Entries Checked:

By:

Wright, Richard

Title:

UR
187140

Date:

5/27/99
Bullard

SP Bemh

MEDICATION ADMINISTRATION RECORD

Amoxic 500mg cap + po
TID x 10x
0400 1100 1700 msr 260 RX
2/26 - 3/8/99 Dr. Suddig/et
Nexal 650 mg po TID x
10x 0400 1100 1700 msr 260 RX
2/26 - 3/8/99 Dr. Suddig/et

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

3/1/99

THROUGH 3/31/99

NKA

Complete Entries Checked:

By: *C. Forest*

Title: RN

Date: 3/6/99

Nursing: Richard

187 140

BCCF

B. Collyer

ms Martha J. Fox

MEDICATION ADMINISTRATION RECORD

AMUX, L 500mg po TID 0400
 X 10 days 1/100
 2/26/99 thru 3/18/99 N/Liddig

Tylenol 650mg po TAD 0400
 X 10 days 1/100
 2/26/99 thru 3/18/99 N/Liddig

3/07/99
 A/H
 3/08/99
 A/H

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

in seday shrop. 2/28/99

2/28/99

 Telephone No.
 Dr. Telephone
 Emergency
 Patient

Medical Record No.

Complete Entries Checked

By:

Rita Rawly

Title

Patient Name
109-111

Date

BED FACILITY CO
RHF

Maintain N.26.00

MEDICATION ADMINISTRATION RECORD

Medication	Time	0400	0600	0800	1000	1200	1400	1600	1800	2000	2200	2300	2400	2500	2600	2700	2800	2900	3000
Sudafed tabs TID po x 7 days																			
		0400																	
		1100																	
		1700																	
Tylenol tabs TID x 7 days																			
		0400																	
		1100																	
		1700																	
CD11 tabs TID x 7 days																			
		0400																	
		1100																	
		1700																	
Amoxic 300mg TID x 7 days																			
		0400																	
		1100																	
		1700																	

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

Medical Record No.

PROBLEMS

DENTAL

AD. TREAT.

REHABILITATION

POTENTIAL

Complete Entries Checked:

By:

Title:

Date:

ROOM NO.

BED

FACILITY

11/11/01 Dabbs, S.

11/11/01

11/11/01

11/11/01

MEDICATION ADMINISTRATION RECORD

topical fentanyl BID x 7
day
6/12 - 6/19/96 6A
6P

OS A A A A A A
OS A A A A A A

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

McCormick 6/11/96

6/12/96

197140-01

UK DA

Murphy, Richard

Complete Entries Checked:

By: Nancy King

ATTENDANT CODE	ROOM NO. NEED	ACUITY CODE
157140		6/14/96